



Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Manufacturer:	Guth			
Model Number:	12V500			
		<u>CALIBRAT</u>	ION RESUL	<u>TS</u>
		Reference Temperature 34.01	Simulator Temperatur 33.99	<u>e</u>
This calibration was performed with NIST-Traceable Thermometer SN:				
This simulator was tested by:		JLC		
This testing was performed:		12/14/1	5	
This certification expires:		12/14/10	6	_
Signature of certifying	ng DHSS Scie	ntist:	SH	Agrain, Standard Control of the Cont
Name of certifying I	OHSS Scientist	t: Ellen R.	Strawsine	

Missouri State Highway Patrol

MP2319

Agency:

Serial Number:



Jeremiah W. (Jay) Nixon Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIMULATOR TEST WORKSHEET

T	est	Sim	ulator	Infor	mation

Agency	Missouri State Highway Patrol				
Email for COC	Jimmy.eleve	land@mshp.dps.mo			
Serial Number:	MP23	19			
Manufacturer:	Guth				\$ \$ \$ \$ 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Model Number:	12V500				MUL MUL NPIR NPIR TEOR TEOR TEOR TEOR TEOR
NIST-Traceable Refer	rence Thermo	meter Information		N SIMULATOR	This should have been college SIMULATOR SERIA SIMULATOR SERIA SEXPRATION DATE OF CALUBATION SERIAL 200 AVERAGE SIM, USAF
Serial Number:	306	168	O O	SIGNI DATI	
Date of Certification:	_08/	13/2015		VCE.	S S Travel .
Date of Expiration:	08/	13/2016	PL		
Test Simulator Measu	rements			COPY OF LABEL PLACED ON	
		Reference	,	E .	
	Readings	Thermometer	Test Simulator	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,619
	1	34.01	33,99	Ö	
	2	34.01	33,99		
	3	34.01	33,99		
	4	34.01	33.99		
	5	34.01	33.99		
Bias (δ _T):	-	-,\$7.			
Technician performing	g testing:	Jimmy L. Cleveland	d		
I hereby certify that all data : of Breath Alcohol Simulator	submitted within s and 19 CSR 25	this form was collected in -30.051, <u>Breath Analyzer</u>	accordance with the DHSS Calibration and Accuracy V	Procedure erification	for the Testing Standards.
Signature:	SCL	.7	Date: 12-14-15		ı
Submit completed forms for .		ation to DHSS Breath Alc <u>health mo gov</u> or <u>breatha</u>) 840-913	9 or by email at

www.health.mo.gov